

3204

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| PLACE OF DEATH  |                  |  |      | ARIZONA STATE BOARD OF HEALTH   |     |
|---|------------------|--|------|---|-----|
| BUREAU OF VITAL STATISTICS  |                  |  |      | ORIGINAL CERTIFICATE OF DEATH   |     |
| 1. County   | Yuma             |  |      | State Index - - - - - No.   | 633 |
| District  | Somerton         |  |      | County Registrar's - - - No.  | 23  |
| Town or City  | Somerton         |  |      | Local Registrar's - - - No.   | 23  |
| 2. FULL NAME  |                  |  |      | (If death occurred in a hospital or institution, give its NAME instead of street number)  |     |
| Robert Watson   |                  |  |      |   |     |
| (a) Residence, No.  |                  |  |      | St.   |     |
| on Ranch  |                  |  |      | Ward  |     |
| (Usual place of abode)  |                  |  |      | (If non-resident, give city or town and State)  |     |
| Length of residence in city or town where death occurred                                  |                  |  |      | How long in U. S. if of foreign birth?  |     |
| yrs. 9 mos. ds.   |                  |  |      | yrs. mos. ds.   |     |
| PERSONAL AND STATISTICAL PARTICULARS  |                  |  |      | MEDICAL CERTIFICATE OF DEATH  |     |
| 3. SEX  | 4. COLOR or RACE | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. |      | 16. DATE OF DEATH (month, day, and year)  |     |
| male  | white            | single                                   |      | 5-27-30   |     |
| 5a. If married, widowed, or divorced  |                  |  |      | 17. I HEREBY CERTIFY, That I attended deceased from   |     |
| HUSBAND of  |                  |  |      | 5-27, 1930 to 5-29, 1930  |     |
| (or) WIFE of  |                  |  |      | that I last saw him alive on 5-29, 1930   |     |
| 6. DATE OF BIRTH (month, day and year)  |                  |  |      | and that death occurred, on the date stated above, at 109 m.  |     |
| April 14 - 1928   |                  |  |      | The CAUSE OF DEATH* was as follows:   |     |
| 7. AGE  | Years            | Months                                   | Days | Dysentery following   |     |
| 2   | 1                | 15                                       | 7    | Throat  |     |
| 8. OCCUPATION OF DECEASED   |                  |  |      | (duration) yrs. mos. ds.  |     |
| (a) Trade, profession, or particular kind of work   |                  |  |      | CONTRIBUTORY  |     |
| (b) General nature of industry, business or establishment in which employed (or employer) |                  |  |      | (Secondary)   |     |
| (c) Name of employer  |                  |  |      | (duration) yrs. mos. ds.  |     |
| 9. BIRTHPLACE (city or town)  |                  |  |      | 18. Where was disease contracted  |     |
| Blythe, California  |                  |  |      | if not at place of death?   |     |
| (State or country)  |                  |  |      | Did an operation precede death? No Date of  |     |
| 10. NAME OF FATHER  |                  |  |      | Was there an autopsy? No  |     |
| James H. Watson   |                  |  |      | What test confirmed diagnosis? Physical exam  |     |
| (State or country)  |                  |  |      | (Signed) Paul R. Siler, M. D.   |     |
| 11. BIRTHPLACE OF FATHER  |                  |  |      | 5-29 1930 Address Somerton  |     |
| T. Texas  |                  |  |      | * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) |     |
| (State or country)  |                  |  |      | 19. PLACE OF BURIAL, CREMATION OR REMOVAL   |     |
| 12. MAIDEN NAME OF MOTHER   |                  |  |      | Yuma Cemetery 5/30 1930   |     |
| Thelma Halland  |                  |  |      | 20. UNDERTAKER  |     |
| (State or country)  |                  |  |      | O. Siler  |     |
| 13. BIRTHPLACE OF MOTHER  |                  |  |      | ADDRESS   |     |
| Arizona   |                  |  |      | Yuma  |     |
| (State or country)  |                  |  |      | Yuma  |     |
| 14. Informant (Address)   |                  |  |      |   |     |
| O. Siler  |                  |  |      |   |     |
| 15. Filed 6-7-30  |                  |  |      |   |     |
| Local Registrar.  |                  |  |      |   |     |
| V. S. No. 1   |                  |  |      |   |     |
| County Registrar.   |                  |  |      |   |     |